

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Maryland

Case number (if known):

19-24841

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

FILED

2019 NOV -5 PM 2:24

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE Check if this is an
amended filing

Official Form 101

\$335
#40134619**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Dewey

First name

Monroe

Middle name

Chisholm

Last name

Suffix (Sr., Jr., II, III)

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

First name

Middle name

Middle name

Last name

Last name

First name

First name

Middle name

Middle name

Last name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 9 0 7 9

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Include trade names and <i>doing business as</i> names		<input checked="" type="checkbox"/> I have not used any business names or EINs. <input type="checkbox"/> I have used business names or EINs.	<input type="checkbox"/> I have not used any business names or EINs. <input type="checkbox"/> I have used business names or EINs.
<hr/>			
5. Where you live			
817 Loalan Ave Number Street <hr/> Baltimore MD 21222 City State ZIP Code		If Debtor 2 lives at a different address: Number Street <hr/> City State ZIP Code	
Baltimore County County		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.	
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.	
 Number Street P. O. Box 5129 P.O. Box		 Number Street P.O. Box	
 Baltimore MD 21224 City State ZIP Code		 City State ZIP Code	
<hr/>			
6. Why you are choosing this district to file for bankruptcy		Check one: <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) <hr/> <hr/> <hr/> <hr/>	
		Check one: <input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.) <hr/> <hr/> <hr/> <hr/>	

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No
 Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY
 District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Dewey Monroe Chisholm

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1

Dewey Monroe Chisholm

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:**You must check one:**

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):**You must check one:**

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

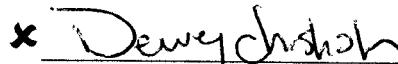
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1

Executed on 10 29 19
MM / DD / YYYY

Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Debtor 1

Dewey Monroe Chisholm

First Name Middle Name

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
 Yes

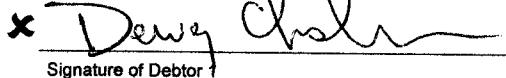
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person Valli Lampkin

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.



Signature of Debtor 1



Signature of Debtor 2

Date 10 29 2019
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

Contact phone (667) 228-7250

Contact phone _____

Cell phone _____

Cell phone _____

Email address junior441@yahoo.com

Email address _____

Fill in this information to identify your case:

Debtor 1	Dewey	Monroe	Chisholm
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (If known)			

2019 NOV -5 PM 2:36

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE Check if this is an amended filing**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ 0.00
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 9,279.00
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 9,279.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ 11,262.00
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 4,919.17
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ 26,505.52
		Your total liabilities
		\$ 42,686.69

Part 3: Summarize Your Income and Expenses

4.	<i>Schedule I: Your Income</i> (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 2,400.00
5.	<i>Schedule J: Your Expenses</i> (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 2,745.00

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.\$ 2,400.00**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**9a. Domestic support obligations (Copy line 6a.) \$ 0.009b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 4,919.179c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.009d. Student loans. (Copy line 6f.) \$ 0.009e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.009f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.009g. **Total.** Add lines 9a through 9f. \$ 4,919.17

Fill in this information to identify your case and this filing:

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last NameDebtor 2
(Spouse, if filing) **First Name Middle Name Last Name**United States Bankruptcy Court for the: **District of Maryland**Case number **_____** Check if this is an amended filing**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description
_____**What is the property? Check all that apply.**

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)**Other information you wish to add about this item, such as local property identification number: _____**

If you own or have more than one, list here:

1.2. Street address, if available, or other description
_____**What is the property? Check all that apply.**

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

City _____ State _____ ZIP Code _____

County _____

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)**Other information you wish to add about this item, such as local property identification number: _____**

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

1.3. Street address, if available, or other description _____

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

City _____ State _____ ZIP Code _____

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

County _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____**Who has an interest in the property? Check one.**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this is community property (see instructions)**Other information you wish to add about this item, such as local property identification number:** _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____

\$ 0.00**Part 2: Describe Your Vehicles****Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No
 Yes

3.1. Make: Ford
 Model: Expedition
 Year: 2011
 Approximate mileage: 120,000**Who has an interest in the property? Check one.**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?\$ 7,424.00 \$ 0.00

If you own or have more than one, describe here:

3.2. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____**Who has an interest in the property? Check one.**

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

3.3. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 7,424.00

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

3BR, LR, DR, Kitchen

\$ 300.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

3 TVs, Computers

\$ 150.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$ 0.00

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\$ 0.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

\$ 0.00

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

Personal clothing

\$ 150.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

Earring

\$ 50.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

\$ 0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 650.00

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes

Cash: \$ 5.00**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes

Institution name:

17.1. Checking account:	<u>Johns Hopkins FCU</u>	\$ <u>0.00</u>
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	<u>Johns Hopkins FCU</u>	\$ <u>0.00</u>
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity:	% of ownership:
_____	<u>0%</u> % \$ _____
_____	<u>0%</u> % \$ _____
_____	<u>0%</u> % \$ _____

Debtor 1 **Dewey Monroe Chisholm**

First Name

Middle Name

Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan:	_____ \$ _____
Pension plan:	_____ \$ _____
IRA:	_____ \$ _____
Retirement account:	_____ \$ _____
Keogh:	_____ \$ _____
Additional account:	_____ \$ _____
Additional account:	_____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes

Institution name or individual:

Electric:	_____ \$ _____
Gas:	_____ \$ _____
Heating oil:	_____ \$ _____
Security deposit on rental unit: <u>Landlord</u>	_____ \$ _____ 1,200.00
Prepaid rent:	_____ \$ _____
Telephone:	_____ \$ _____
Water:	_____ \$ _____
Rented furniture:	_____ \$ _____
Other:	_____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes

Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them....

_____ \$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

_____ \$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

_____ \$ _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ 0.00
State: \$ 0.00
Local: \$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

_____ \$ _____

Debtor 1 Dewey Monroe Chisholm

First Name

Middle Name

Last Name

Case number (if known)

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company
of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

_____	\$ _____
-------	----------

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.

_____	\$ _____
-------	----------

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.

_____	\$ _____
-------	----------

35. Any financial assets you did not already list No Yes. Give specific information.

_____	\$ _____
-------	----------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here** →

\$ 1,205.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.Current value of the
portion you own?Do not deduct secured claims
or exemptions.**38. Accounts receivable or commissions you already earned** No Yes. Describe.

_____	\$ _____
-------	----------

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.

_____	\$ _____
-------	----------

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade No Yes. Describe.....

	\$ _____
--	----------

41. Inventory No Yes. Describe.....

	\$ _____
--	----------

42. Interests in partnerships or joint ventures No Yes. Describe..... Name of entity:

% of ownership:

	_____ %	\$ _____
	_____ %	\$ _____
	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

44. Any business-related property you did not already list No Yes. Give specific information

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	\$ 0.00
--	---------

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals*Examples:* Livestock, poultry, farm-raised fish No Yes.....

	\$ _____
--	----------

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested No Yes. Give specific information.....

		\$ _____
--	--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes.....

		\$ _____
--	--	----------

50. Farm and fishing supplies, chemicals, and feed No Yes.....

		\$ _____
--	--	----------

51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.....

		\$ _____
--	--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ _____	0.00
----------	------

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

	\$ _____
	\$ _____
	\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ _____	0.00
----------	------

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2** → \$ 0.00**56. Part 2: Total vehicles, line 5** \$ 7,424.00**57. Part 3: Total personal and household items, line 15** \$ 650.00**58. Part 4: Total financial assets, line 36** \$ 1,205.00**59. Part 5: Total business-related property, line 45** \$ 0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0.00**61. Part 7: Total other property not listed, line 54** + \$ 0.00**62. Total personal property. Add lines 56 through 61.** \$ 9,279.00 Copy personal property total → + \$ 9,279.00**63. Total of all property on Schedule A/B. Add line 55 + line 62.** \$ 9,279.00

Fill in this information to identify your case:

Debtor 1	Dewey Monroe Chisholm		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106C**Schedule C: The Property You Claim as Exempt**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: <u>2011 Ford Expedito</u>	\$ <u>7,424.00</u>	<input checked="" type="checkbox"/> \$ <u>7,424.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(5) & (f)
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: <u>Household Goods</u>	\$ <u>300.00</u>	<input checked="" type="checkbox"/> \$ <u>300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(4)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: <u>Electronics</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(4)
Line from <i>Schedule A/B</i> : <u>7</u>			

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No
 Yes

Debtor 1

Dewey Monroe Chisholm

First Name Middle Name

Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Clothes</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(4)
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Jewelry</u>	\$ <u>50.00</u>	<input checked="" type="checkbox"/> \$ <u>50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(4)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Cash</u>	\$ <u>5.00</u>	<input checked="" type="checkbox"/> \$ <u>5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(5)
Line from Schedule A/B: <u>16</u>			
Brief description: <u>Security Deposit</u>	\$ <u>1,200.00</u>	<input checked="" type="checkbox"/> \$ <u>1,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MD Cts & JP 11-504(b)(5)
Line from Schedule A/B: <u>22</u>			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			

Fill in this information to identify your case:

Debtor 1	Dewey	Monroe	Chisholm
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

2.1	Westlake Service Inc.	Describe the property that secures the claim:	\$ 11,262.00	\$ 7,424.00	\$ 3,838.00
Creditor's Name 4751 Wilshire Blvd. Number Street Suite 100 Los Angeles CA 90010 City State ZIP Code		2011 Ford Expedition EL			
As of the date you file, the claim is: Check all that apply. <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>					
Who owes the debt? Check one. <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p>					
Nature of lien. Check all that apply. <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>					
Date debt was incurred _____ Last 4 digits of account number 6 7 7 4					
2.2	Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____				
Creditor's Name Number Street City State ZIP Code					
As of the date you file, the claim is: Check all that apply. <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>					
Who owes the debt? Check one. <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p>					
Nature of lien. Check all that apply. <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>					
Date debt was incurred _____ Last 4 digits of account number _____					
Add the dollar value of your entries in Column A on this page. Write that number here: \$ 11,262.00					

Fill in this information to identify your case:

Debtor 1	Dewey	Monroe	Chisholm
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)			

Check if this is an
amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Comptroller of Maryland Priority Creditor's Name	Last 4 digits of account number	9 0 7 9	\$ 4,919.17	\$ 4,919.17	\$ 0.00
110 Carroll Street Number Street	When was the debt incurred?	12/31/20201			
Revenue Administration Division Annapolis MD 21411 City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

2.2

Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	
Number Street	When was the debt incurred?				
City State ZIP Code	As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					

Debtor 1 Dewey Monroe Chisholm

First Name Middle Name

Last Name

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<p>Mercy Medical Center Nonpriority Creditor's Name <u>301 St. Paul Place</u> Number Street <u>Baltimore</u> <u>MD</u> <u>21202</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Total claim <u>519.46</u>
<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? <u>07/20/2010</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Judgment</u></p>		
<p>4.2 Bay Country Consumer Finance Nonpriority Creditor's Name <u>6619 Ritchie Highway</u> Number Street <u>Glen Burnie</u> <u>MD</u> <u>21061</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Last 4 digits of account number <u> </u> \$ <u>3,000.00</u> When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit</u></p>		
<p>4.3 Teamsters Local 355 Union Hall Nonpriority Creditor's Name <u>1030 S. Dukeland Street</u> Number Street <u>Baltimore</u> <u>MD</u> <u>21223</u> City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Last 4 digits of account number <u> </u> \$ <u>600.00</u> When was the debt incurred? <u> </u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u></p>		

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Central Credit Services LLC

Nonpriority Creditor's Name

20 Corporate Hills Drive

Number Street

St. Charles MO 63301
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 4 0 3\$ 2,285.45

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit-USA Discounters #.8142

4.5

OneMain Financial

Nonpriority Creditor's Name

P. O. Box 3327

Number Street

Evansville IN 47732
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 4 1 1\$ 7,354.64

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Charge Account

4.6

Bank of America

Nonpriority Creditor's Name

P. O. Box 982235

Number Street

El Paso TX 79998
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 4 7 7\$ 1,488.38

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 Dewey Monroe Chisholm

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Bloom & Associates, P.A.

Nonpriority Creditor's Name

P. O. Box 42826

Number Street

Baltimore

MD

21284

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 0 5 5 9

\$ 400.00

When was the debt incurred? 04/01/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical-Mercy Health Svcs LL

4.8

Bloom & Associates, P.A.

Nonpriority Creditor's Name

P. O. Box 42826

Number Street

Baltimore

MD

21284

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 5 4 7 1

\$ 90.00

When was the debt incurred? 03/29/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical-Mercy Health Svcs

4.9

Bloom & Associates, P.A.

Nonpriority Creditor's Name

P. O. Box 42826

Number Street

Baltimore

MD

21284

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 3 9 5 9

\$ 160.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 Dewey Monroe Chisholm

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

10	Comcast Nonpriority Creditor's Name 8110 Corporate Blvd Number Street Nottingham MD 21236 City State ZIP Code			Last 4 digits of account number <u>7 4 3 6</u>	\$ <u>711.97</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility</u>	

11	Emer Physicians SPPS Nonpriority Creditor's Name P. O. Box 38034 Number Street Philadelphia PA 19101 City State ZIP Code			Last 4 digits of account number <u>2 2 1 9</u>	\$ <u>611.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? <u>01/31/2018</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	

12	GEICO Nonpriority Creditor's Name One Geico Place Number Street Bethesda MD 20810 City State ZIP Code			Last 4 digits of account number <u>0 2 7 6</u>	\$ <u>745.37</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				When was the debt incurred? <u>10/10/2017</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Insurance</u>	

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**13****Johns Hopkins Medicine**

Nonpriority Creditor's Name

3910 Keswick Road, Suite S-5100

Number Street

Baltimore

MD

21211

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 6 0 6\$ 303.67

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

14**Johns Hopkins Medicine**

Nonpriority Creditor's Name

3910 Keswick Road, Suite S-5100

Number Street

Baltimore

MD

21211

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6 2 1 0\$ 40.00When was the debt incurred? 02/06/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

15**Kaiser Permanente**

Nonpriority Creditor's Name

P. O. Box 31218

Number Street

Tampa

FL

33631

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 3 1 0 2\$ 489.90

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

16

Kaiser Permanente

Nonpriority Creditor's Name

P. O. Box 31218

Number Street

Tampa

FL

33631

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 0 3 3

\$ 424.71

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

17

Kaiser Permanente

Nonpriority Creditor's Name

P. O. Box 31218

Number Street

Tampa

FL

33631

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 236.10

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

18

Mercy Medical Center

Nonpriority Creditor's Name

P. O. Box 826986

Number Street

Philadelphia

PA

19182

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 2 5 7

\$ 352.81

When was the debt incurred? 06/18/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**19****Mercy Medical Center**

Nonpriority Creditor's Name

P. O. Box 826986

Number Street

Philadelphia PA 19182

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 2 2 1\$ 694.39When was the debt incurred? 01/31/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

20**Alan Oshinsky/Ileana Showalter M.D.**

Nonpriority Creditor's Name

301 St. Paul Street, Suite 612Number Street
Baltimore MD 21202

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1 2 3 4\$ 40.00When was the debt incurred? 04/02/2019

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

21**Progressive Leasing**

Nonpriority Creditor's Name

256 W. Data DriveNumber Street
Draper UT 84020

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 3 9 8 7\$ 430.99

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 Dewey Monroe Chisholm

First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**22****Progressive Leasing**

Nonpriority Creditor's Name

256 W. Data Drive

Number Street

Draper **UT** **84020**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 3 4 3 7\$ 1,411.92

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

23**Wells Fargo Bank**

Nonpriority Creditor's Name

P. O. Box 14517

Number Street

Des Moines **IA** **50306**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 9 7 8 1\$ 145.76When was the debt incurred? 06/19/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

24**Capital One Bank**

Nonpriority Creditor's Name

P. O. Box 85015

Number Street

Richmond **VA** **23285**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$ 817.00When was the debt incurred? 09/21/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1 Dewey Monroe Chisholm

First Name Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**25****Capital One Bank**

Nonpriority Creditor's Name

P. O. Box 85015

Number Street

RichmondState **VA**ZIP Code **23285**

City

Last 4 digits of account number _____

\$ **139.00**When was the debt incurred? **02/02/2019**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

26**kaiser Permanente**

Nonpriority Creditor's Name

P. O. Box 31218

Number Street

TampaState **FL**ZIP Code **33631**

City

Last 4 digits of account number _____

\$ **469.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

27**Patient First**

Nonpriority Creditor's Name

P. O. Box 758941

Number Street

BaltimoreState **MD**ZIP Code **21275**

City

Last 4 digits of account number _____

\$ **323.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 Dewey Monroe Chisholm

First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim**28****Cashnet USA**

Nonpriority Creditor's Name

175 W. Jackson Blvd, 10th Floor

Number Street

Chicago IL 60604

City

State

ZIP Code

Last 4 digits of account number _____

\$ 1,000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Payday Loan

29**City of Baltimore, Bureau of Revenue Collections**

Nonpriority Creditor's Name

200 Holliday Street

Number Street

Baltimore MD 21202

City

State

ZIP Code

Last 4 digits of account number 0 0 5 3\$ 821.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Citations

30**Motor Vehicle Administration**

Nonpriority Creditor's Name

6601 Ritchie Highway, N.E.

Number Street

Glen Burnie MD 21061

City

State

ZIP Code

Last 4 digits of account number _____

\$ 400.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

6. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Bloom & Associates P.A.

Name

1220A E. Joppa Road, Suite 223

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Towson MD 21286

City State ZIP Code

Last 4 digits of account number _____

American Coradius International LLC

Name

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

2420 Sweet Home Rd., Suite 150

Number Street

Last 4 digits of account number 4 3 1 3Amherst NY 14228

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Convergent Outsourcing Inc.

Name

P. O. Box 9004

Number Street

Last 4 digits of account number 7 3 8 0REnton WA 98057

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Calvary SPV I, LLC

Name

500 Summit Lake Dr., Suite 4A

Number Street

Last 4 digits of account number 3 1 0 5Valhalla NY 10595

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

FBCS Inc.

Name

330 S. Warminster Rd., Suite 353

Number Street

Last 4 digits of account number 0 1 7 0Hatboro PA 19040

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

ERC

Name

P. O. Box 57610

Number Street

Last 4 digits of account number 8 0 7 2Jacksonville FL 32241

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Southwest Credit

Name

4120 International parkway, Suite 1100

Number Street

Last 4 digits of account number 3 3 4 6Carrollton TX 75007

City State ZIP Code

Debtor 1 Dewey Monroe Chisholm

First Name Middle Name

Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

CCS

Name

P. O. Box 607

Number Street

Norwood

City

MA

State

02062

ZIP Code

NCC

Name

5503 Cherokee Ave.

Number Street

Alexandria

City

VA

State

22312

ZIP Code

USCB America

Name

355 S. Grand Ave., Suite 3200

Number Street

Los Angeles

City

CA

State

90071

ZIP Code

Bloom & Associates P.A.

Name

P. O. Box 42826

Number Street

Baltimore

City

MD

State

21284

ZIP Code

Asset Management / Nationwide

Name

545 Inman Street

Number Street

Cleveland

City

TN

State

37311

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5 8 2 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3 7 0 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1

Total claim		
6a. Domestic support obligations	6a.	\$ <u>0.00</u>
6b. Taxes and certain other debts you owe the government	6b.	\$ <u>4,919.17</u>
6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	<u>+ \$ 0.00</u>

6e. Total. Add lines 6a through 6d.

6e.	\$ <u>4,919.17</u>
-----	--------------------

Total claims from Part 2

Total claim		
6f. Student loans	6f.	\$ <u>0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	<u>+ \$ 26,505.52</u>

6j. Total. Add lines 6f through 6i.

6j.	\$ <u>26,505.52</u>
-----	---------------------

Fill in this information to identify your case:

Debtor	Dewey	Monroe	Chisholm
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1 One Stop Property Management			Tenant Lease
Name			
Number	Street		
City	State	ZIP Code	
2.2 T-Mobile			Cell phone
Name			
Number	Street		
City	State	ZIP Code	
2.3			
Name			
Number	Street		
City	State	ZIP Code	
2.4			
Name			
Number	Street		
City	State	ZIP Code	
2.5			
Name			
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	Dewey First Name	Monroe Middle Name	Chisholm Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known) _____			

Check if this is an
amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No

Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

 Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____ Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____

3.1

Name _____

Number Street _____

City State ZIP Code _____

3.2

Name _____

Number Street _____

City State ZIP Code _____

3.3

Name _____

Number Street _____

City State ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Dewey Monroe Chisholm		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known) _____			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Employer's name

Employer's address

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? since 06/18

since 06/18

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00

\$

3. + \$ 0.00

+ \$

4. \$ 0.00

\$

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

Copy line 4 here.....	→ 4.	For Debtor 1	For Debtor 2 or non-filing spouse
		\$ 0.00	\$ _____

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 0.00	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ _____

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ _____
8b. Interest and dividends	8b. \$ 0.00	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ _____
8d. Unemployment compensation	8d. \$ 0.00	\$ _____
8e. Social Security	8e. \$ 0.00	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>SSDI</u>	8f. \$ 2,400.00	\$ _____
8g. Pension or retirement income	8g. \$ 0.00	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 2,400.00	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,400.00	+ \$ 0.00 = \$ 2,400.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: SSDI

11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12. \$ 2,400.00

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:		
Debtor 1	Dewey Monroe Chisholm	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)		Last Name
United States Bankruptcy Court for the: District of Maryland		
Case number (If known) _____		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

 No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

 NoDo not list Debtor 1 and
Debtor 2. Yes. Fill out this information for
each dependent.....Dependent's relationship to
Debtor 1 or Debtor 2Dependent's
ageDoes dependent live
with you?Do not state the dependents'
names. No Yes No Yes No Yes No Yes No Yes3. Do your expenses include
expenses of people other than
yourself and your dependents? No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

	Your expenses
4.	\$ 1,200.00

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

	4a. \$ 0.00
	4b. \$ 0.00
	4c. \$ 0.00
	4d. \$ 0.00

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:		
6a.	Electricity, heat, natural gas	6a. \$ <u>135.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>65.00</u>
6d.	Other. Specify: _____	6d. \$ <u>0.00</u>
7.	Food and housekeeping supplies	7. \$ <u>150.00</u>
8.	Childcare and children's education costs	8. \$ <u>0.00</u>
9.	Clothing, laundry, and dry cleaning	9. \$ <u>0.00</u>
10.	Personal care products and services	10. \$ <u>200.00</u>
11.	Medical and dental expenses	11. \$ <u>40.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>160.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>
14.	Charitable contributions and religious donations	14. \$ <u>0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ <u>0.00</u>
15b.	Health insurance	15b. \$ <u>0.00</u>
15c.	Vehicle insurance	15c. \$ <u>208.00</u>
15d.	Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. \$ <u>442.00</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c.	Other. Specify: _____	17c. \$ <u>0.00</u>
17d.	Other. Specify: _____	17d. \$ <u>0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. \$ <u>0.00</u>
20b.	Real estate taxes	20b. \$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: Storage

21. +\$ 145.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 2,745.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 2,745.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,400.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 2,745.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ -345.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	Dewey First Name	Monroe Middle Name	Chisholm Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known) _____			

Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

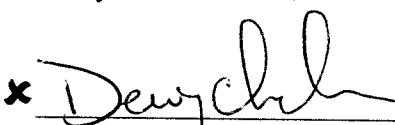
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ . Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


x _____

Signature of Debtor 1

Date 10 29 2019
MM / DD / YYYY

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Dewey Monroe Chisholm		
First Name	Middle Name	Last Name	
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known) _____			

FILED

2019 NOV -5 PM 2:37

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE Check if this is an amended filing**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:**Dates Debtor 1 Debtor 2:
lived there****Dates Debtor 2
lived there** Same as Debtor 1 Same as Debtor 1Number Street
_____From _____
To _____Number Street
_____From _____
To _____

City _____ State ZIP Code _____

City _____ State ZIP Code _____

 Same as Debtor 1 Same as Debtor 1Number Street
_____From _____
To _____Number Street
_____From _____
To _____

City _____ State ZIP Code _____

City _____ State ZIP Code _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **Dewey Monroe Chisholm**
 First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2018) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	SSDI \$ 24,000.00 _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____
For last calendar year: (January 1 to December 31, 2018) YYYY	SSDI \$ 16,800.00 _____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____
For the calendar year before that: (January 1 to December 31, 2018) YYYY	_____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Date of payment	Total amount paid	Amount you still owe	Was this payment for...
Westlake Financial	07/14/2019	\$ 1,326.00	\$ 11,262.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
4751 Wilshire Blvd.	08/14/2019			<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Suite 100	09/14/2019			<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Los Angeles CA 90010				<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 **Dewey Monroe Chisholm**
 First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street				
City State ZIP Code				
Insider's Name				
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street				
City State ZIP Code				
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case		Court or agency			Status of the case		
Case title		Court Name			<input type="checkbox"/>	Pending	
Case number		Number Street			<input type="checkbox"/>	On appeal	
Case title		City State ZIP Code			<input type="checkbox"/>	Concluded	
Case number		Court Name			<input type="checkbox"/>	Pending	
		Number Street			<input type="checkbox"/>	On appeal	
		City State ZIP Code			<input type="checkbox"/>	Concluded	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor's Name	Describe the property	Date	Value of the property

Number Street	Explain what happened
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	
City	State ZIP Code

Creditor's Name	Describe the property	Date	Value of the property
Number Street		\$	

Debtor 1 **Dewey Monroe Chisholm**

First Name Middle Name

Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number	Street		\$ _____
City _____ State _____ ZIP Code _____		Last 4 digits of account number: XXXX- _____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor 1 **Dewey Monroe Chisholm**
 First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
			\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment made
Number Street			\$ _____
City State ZIP Code			\$ _____
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 **Dewey Monroe Chisholm**
 First Name Middle Name Last Name

Case number (if known) _____

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City _____ State _____ ZIP Code _____				
Email or website address _____				
Person Who Made the Payment, if Not You				

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City _____ State _____ ZIP Code _____				\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			
Person Who Received Transfer			
Number Street			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Description and value of the property transferred**Date transfer was made**

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Last 4 digits of account number**Type of account or instrument****Date account was closed, sold, moved, or transferred****Last balance before closing or transfer**

Name of Financial Institution

XXXX-_____

 Checking

\$ _____

 Savings

Number Street

 Money market

City State ZIP Code

 Brokerage Other _____

Name of Financial Institution

XXXX-_____

 Checking

\$ _____

 Savings

Number Street

 Money market

City State ZIP Code

 Brokerage Other _____**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No
 Yes. Fill in the details.

Who else had access to it?**Describe the contents****Do you still have it?**

Name of Financial Institution

Name _____

No
 Yes

Number Street

Number Street _____

City State ZIP Code

Debtor 1 Dewey Monroe Chisholm
First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Security Public Storage

Name of Storage Facility

Name _____

3500 Pulaski Highway

Number Street

Number Street _____

21224

Baltimore MD 21224

City _____

State _____

ZIP Code _____

Household Goods No Yes**Part 9: Identify Property You Hold or Control for Someone Else****23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No
 Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name _____

Household Goods

\$ _____

Number Street _____

Number Street _____

City _____

State _____

ZIP Code _____

City _____

State _____

ZIP Code _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Governmental unit

Environmental law, if you know it _____

Date of notice _____

Name of site _____

Governmental unit _____

Number Street _____

Number Street _____

City _____

State _____

ZIP Code _____

Debtor 1 Dewey Monroe Chisholm
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____	
Number Street	Number Street	_____	
City State ZIP Code		_____	
City	State	ZIP Code	_____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	_____	Pending
Court Name _____		On appeal
Number Street _____		Concluded
Case number _____	City State ZIP Code _____	

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name _____	_____	_____	EIN: _____
Number Street _____	_____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	_____	From _____ To _____
Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name _____	_____	_____	EIN: _____
Number Street _____	_____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	_____	From _____ To _____

Debtor 1 **Dewey Monroe Chisholm**
First Name Middle Name Last Name

Case number (if known) _____

Business Name		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		Name of accountant or bookkeeper	EIN: _____
City State ZIP Code		Dates business existed	
		From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

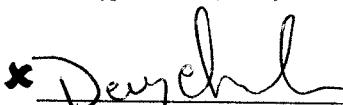
Date issued

Name _____ MM / DD / YYYY
 Number Street

 City State ZIP Code

Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.


 Signature of Debtor 1


 Signature of Debtor 2

Date 10-29-2019

Date _____

Did you attach additional pages to **Your Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).

United States Bankruptcy Court
District of Maryland

In Re: Dewey Monroe Chisholm

Case Number:

Debtor(s)

Chapter: 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10 29 2019

Signature of Debtor(s): /s/
/s/ Dewey Chisholm

100-2019-5
10/29/2019
10:23 AM
100-2019-5
10/29/2019
10:23 AM

2019 NOV -5 PM 2:37

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE

Alan Oshinky / Ileana Showalter
301 St. Paul Street, Suite 612
Baltimore, MD 21202

American Coradius International LLC
2420 Sweet Home Rd., Suite 150
Amherst, NY 14228-2244

Asset Management / Nationwide
545 Inman Street
Cleveland, TN 37311

Bank of America
P. O. Box 982235
El Paso, TX 79998-2235

Bay Country Consumer Finance
6619 Ritchie Highway
Glen Burnie, MD 21061

Bloom & Associates, P.A.
P. O. Box 42826
Baltimore, MD 21284

Capital One Bank
P. O. Box 85015
Richmond, VA 23285-5075

Cashnet USA
175 W. Jackson Blvd., 10th Floor
Chicago, IL 60604

Cavalry SPV I, LLC
500 Summit Lake Drive, Suite 4A
Valhalla, NY 10595

CCS
P. O. Box 607
Norwood, MA 02062-0607

Central Credit Services LLC
20 Corporate Hills Drive
St. Charles, MO 63301

City of Baltimore
Bureau of Revenue Collections
200 Holliday Street
Baltimore, MD 21202

Comcast
8110 Corporate Blvd.
Nottingham, MD 21236

Comptroller of Maryland
110 Carroll Street
Revenue Administration Division
Annapolis, MD 21411

Convergent Outsourcing Inc.
P. O. Box 9004
Renton, WA 98067

Emergency Physicians SPPS
P. O. Box 38034
Philadelphia, Pa 19101-8034

ERC
P. O. Box 57610
Jacksonville, FL 32241

FBCS Inc.
330 S. Warminster Rd., Suite 353
Hatboro, PA 19040

GEICO
One Geico Plaza
Bethesda, MD 20810

Johns Hopkins Medicine
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211

Kaiser Permanente
Patient Financial Services
P. O. Box 31218
Tampa, FL 33631-3218

Mercy Medical Center
301 St. Paul Place
Baltimore, MD 21202

Mercy Medical Center
P. O. Box 826986
Philadelphia, PA 19182-6986

Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, MD 21061

NCC
5503 Cherokee Ave.
Alexandria, VA 22312-2307

OneMain Financial
P. O. Box 3327
Evansville, IN 47732-3327

Patient First
P. O. Box 758941
Baltimore, MD 21275-8941

Progressive Leasing
256 W. Data Drive
Draper, UT 84020

Southwest Credit
4120 International Parkway, Suite 1100
Carrollton, TX 75007-1958

Teamsters Local 355 Union Hall
1030 S. Dukeland Street
Baltimore, MD 21223

USCB America
355 S. Grand Ave., Suite 3200, Box 306
Los Angeles, CA 90071-1591

Wells Fargo Bank
Credit Bureau Dispute Resolution
P. O. Box 14517
Des Moines, IA 50306

Westlake Service Inc.
4751 Wilshire Blvd., Suite 100
Los Angeles, CA 90010